



Membership Application

I am: Renewing my current KAIMH Membership _____

Applying to be a new KAIMH Member _____

Name: _____ Date: _____

Place of Employment: _____

Business Address: _____ City/State/Zip _____

Title: _____ Degree: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

_____ I would prefer to receive KAIMH information at my home address (if yes, complete below)

Home Address: _____ City/State/Zip _____

_____ I would like my contact information to be posted on the KAIMH website

_____ I am interested in the KAIMH Infant Mental Health Endorsement Program. Please send me information on the program and an application form

_____ I am interested in serving on a KAIMH member committee (indicate all committees/Boards of interest below)

_____ Advocacy & Funding Committee _____ Education Committee

_____ Endorsement Committee _____ Marketing & Outreach Committee

_____ KAIMH Board of Directors

Return this membership application and your \$35 KAIMH membership payment to KAIMH, PO Box 3903, Topeka, KS, 66604. You can find more information at the KAIMH website (www.kaimh.org) or contact KAIMH at (785) 218-8236